



# **Maine Bureau of Motor Vehicles International Registration Plan Uniform Distance Schedule - Schedule B**

Account Number:

Fleet Number:

Effective Date:

## **SECTION 1 - ACCOUNT INFORMATION**

Account Name:	
Physical Address :	County of Residence:
City, State, Zip:	

DBA:
Mailing Address:
City, State, Zip:

Contact Person:
Phone Number:      Fax Number:
Email Address:

Registration Expires:
Tax ID (FEIN or SSN):
US DOT Number:      Date of Last Update:

## **SECTION 2 - DECLARED DISTANCE**

Jurisdiction	* Actual Distance
Alberta	
Alabama	
Arkansas	
Arizona	
British Columbia	
California	
Colorado	
Connecticut	
Dist. Of Columbia	
Delaware	
Florida	
Georgia	
Iowa	
Idaho	
Illinois	

Jurisdiction	* Actual Distance
Indiana	
Kansas	
Kentucky	
Louisiana	
Massachusetts	
Manitoba	
Maryland	
Maine	
Michigan	
Minnesota	
Missouri	
Mississippi	
Montana	
New Brunswick	
North Carolina	

Jurisdiction	* Actual Distance
North Dakota	
Nebraska	
New Hampshire	
New Jersey	
Newfoundland	
New Mexico	
Nova Scotia	
Nevada	
New York	
Ohio	
Oklahoma	
Ontario	
Oregon	
Pennsylvania	
Prince Edward Island	

Jurisdiction	* Actual Distance
Quebec	
Rhode Island	
South Carolina	
South Dakota	
Saskatchewan	
Tennessee	
Texas	
Utah	
Virginia	
Vermont	
Washington	
Wisconsin	
West Virginia	
Wyoming	

\* Report actual distance for each jurisdiction you travelled in. Estimated distance is no longer used under the Full Reciprocity Program.

## **SECTION 3 - AFFIRMATION**

I certify that the Actual Distances reported for the apportioned registration renewal are true and accurate for the period of _____ through _____ and are supported by adequate records.		
Signature: _____	Title: _____	Date: _____